

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/523151**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		5		5		
21		0		0		
22		0		0		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32	1		1			
33	1		1			
34		3		3		
35		3		3		
36		3		3		
37		3		3		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	48	←	34	←		←
TOTAL CLAIMS	53		41			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						